

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE					
APPLICANT(S)						
CLAIMS						
	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.	3	↓	↓	↓		
TOTAL DEP.	16	↓	↓	↓		
TOTAL CLAIMS	91					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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